

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 13, 1979

FSD LETTER NO. 79-37 (Information)  
ALL-COUNTY INFORMATION NOTICE I-126-79

TO: ALL COUNTY WELFARE DIRECTORS  
ALL DISTRICT ATTORNEYS  
ALL TITLE IV-D AGENCIES

SUBJECT: PROPOSED REVISION OF FORM CA 2.1, CHILD SUPPORT QUESTIONNAIRE

REFERENCE: FSD LETTER NO. 79-25 (INFORMATION), ALL COUNTY INFORMATION  
NOTICE I-81-79

In response to FSD Letter No. 79-25 (All County Information Notice I-81-79), over thirty county agencies submitted suggestions for improvement of Form CA 2.1, Child Support Questionnaire. Utilizing these suggestions, we have developed the attached revision of Form CA 2.1. Since this revised form is significantly different from the current Form CA 2.1, we are requesting your additional input prior to finalizing it.

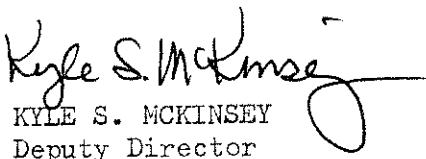
In revising the form, we tried to accomodate as many of your suggestions for improvement as possible. However, if we have failed to include some element which you feel is significant or if we have included elements which are of marginal value, please let us know.

Several county agencies suggested that the Child Support Questionnaire be printed with a carbon paper interleaf. Since the revised Form CA 2.1 is a two-page rather than a one-page form, we would appreciate your comments on whether this is still a viable suggestion.

Please contact Ingrid Petty of the Child Support Management Bureau at the following address or telephone number by December 14, 1979 with any comments or suggestions regarding the revised Form CA 2.1:

Department of Social Services  
Child Support Management Bureau  
744 P Street, Mail Station 19-19  
Sacramento, CA 95814  
(916)322-8495

Sincerely,

  
KYLE S. MCKINSEY  
Deputy Director

## CHILD SUPPORT QUESTIONNAIRE

**DRAFT**

FOR COUNTY USE ONLY	WELFARE CASE NAME	WELFARE CASE NO.	DATE OF APPLICATION	DISTRICT ATTORNEY CASE NO.
	TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Reapplication <input type="checkbox"/> Additional Child <input type="checkbox"/> Transfer From			

If the parent or parents of any of the child/children for whom assistance is requested are living but are absent from the home, complete the following information.

**INSTRUCTIONS** ➡ Answer all questions. If you don't know an answer, please put "UNKNOWN". Please print in ink.

## INFORMATION ON PARENT NOT IN THE HOME (ABSENT PARENT)

## 1. GENERAL INFORMATION - ABSENT PARENT

ABSENT PARENT'S LAST NAME		FIRST NAME	MIDDLE NAME
MAIDEN NAME	NICKNAME OR OTHER NAMES		
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	AND STATE ISSUED	
BIRTHDATE	AGE	BIRTHPLACE (CITY AND STATE)	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	WEIGHT	LBS.
HEIGHT FT. INCHES	HAIR COLOR	EYE COLOR	
DESCRIBE ANY SCARS, MARKS, TATTOOS, ETC.			
LAST KNOWN ADDRESS - NUMBER AND STREET		APT. NO.	
CITY	STATE	ZIP	
STILL THERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DATE WHEN LEFT:		
ABSENT PARENT'S TELEPHONE NUMBER			
HOME:	WORK:	MESSAGE:	

## 2. EMPLOYMENT - ABSENT PARENT

USUAL OCCUPATION (JOB TITLE)	MONTHLY INCOME
EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, HAS NOT WORKED SINCE: DATE
NAME AND ADDRESS OF CURRENT OR LAST KNOWN EMPLOYER	
IS ABSENT PARENT A UNION MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF UNION LOCAL NUMBER
IS ABSENT PARENT RECEIVING <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> WELFARE <input type="checkbox"/> OTHER	AMOUNT PER MONTH
ANY OTHER INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOURCE AMOUNT PER MONTH
IS ABSENT PARENT A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND CITY OF SCHOOL

## 3. ARREST RECORD - ABSENT PARENT

HAS ABSENT PARENT EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE ANSWER THE FOLLOWING:		
WHEN	WHERE	WHAT FOR
IS ABSENT PARENT IN JAIL OR PRISON? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, APPROXIMATE RELEASE DATE IS		
WILL ABSENT PARENT RETURN TO THE HOME WHEN RELEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS ABSENT PARENT ON PROBATION OR PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, OFFICER'S NAME OFFICE ADDRESS		

## 4. MILITARY RECORD - ABSENT PARENT

IS ABSENT PARENT: <input type="checkbox"/> ON ACTIVE DUTY <input type="checkbox"/> IN RESERVES <input type="checkbox"/> VETERAN	
BRANCH: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES	
DATES OF MILITARY SERVICE FROM TO	RANK
MILITARY ADDRESS	
IS ABSENT PARENT RECEIVING <input type="checkbox"/> VETERAN'S BENEFITS <input type="checkbox"/> GI BILL	AMOUNT PER MONTH

## 5. FINANCIAL RECORD - ABSENT PARENT

DOES ABSENT PARENT HAVE: <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CHECKING ACCOUNT	
BANK NAME AND ADDRESS	
LIST CREDIT CARDS USED BY ABSENT PARENT	
DOES ABSENT PARENT OWN A HOUSE, LAND, OR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE ANSWER THE FOLLOWING:	
WHAT KIND	WHERE
ABSENT PARENT'S CAR (MAKE AND MODEL) COLOR	
YEAR	LICENSE NUMBER AND STATE
NAME AND ADDRESS OF FINANCE COMPANY OF CAR	

## 6. RELATIVES AND FRIENDS OF PARENT NOT IN HOME (ABSENT PARENT)

NAME	ADDRESS	TELEPHONE NO.
FATHER		
MOTHER		
GRANDFATHER		
GRANDMOTHER		
RELATIONSHIP		
RELATIONSHIP		

## 7. ABSENT PARENT'S CHILDREN FOR WHOM YOU ARE REQUESTING AID

CHILD'S FULL LEGAL NAME

BIRTHPLACE (CITY, STATE)

BIRTHDATE

1.

2.

3.

4.

5.

6.

DRAFT

## 8. YOUR RELATIONSHIP TO ABSENT PARENT/CHILDREN

YOUR RELATIONSHIP TO THE ABOVE CHILDREN:

☐ MOTHER ☐ FATHER ☐ OTHER \_\_\_\_\_YOUR RELATIONSHIP TO THE ABSENT PARENT: ☐ MARRIED ☐ DIVORCED☐ COMMON-LAW ☐ NEVER MARRIED ☐ OTHER \_\_\_\_\_REASON ABSENT PARENT IS NOT IN HOME: ☐ DIVORCED ☐ SEPARATED☐ DEPORTED ☐ JAIL OR PRISON ☐ NEVER MARRIED☐ OTHER \_\_\_\_\_

DATES YOU AND ABSENT PARENT LIVED TOGETHER

FROM:

TO:

ADDRESS WHERE YOU AND ABSENT PARENT LIVED TOGETHER

YOUR LAST CONTACT WITH ABSENT PARENT WAS ON (DATE) \_\_\_\_\_

BY ☐ LETTER ☐ TELEPHONE ☐ IN PERSON ☐ OTHER \_\_\_\_\_

## 9. MARRIAGE AND DIVORCE RECORDS

PLACE OF MARRIAGE (CITY, STATE)

DATE

PLACE OF DIVORCE (CITY, STATE)

DATE

HAVE YOU FILED FOR DIVORCE/SUPPORT: ☐ YES ☐ NO

IF YES, WHERE (CITY, STATE)

DATE

## 10. SUPPORT PAYMENTS

DOES ABSENT PARENT PAY SUPPORT MONEY?

☐ YES ☐ NO

AMOUNT PER MONTH

IF YES, IS THE MONEY PAID TO YOU DIRECTLY

☐ YES ☐ NO

OR THROUGH A COUNTY AGENCY

☐ YES ☐ NO

NAME AND ADDRESS OF COUNTY AGENCY:

IS THERE A COURT ORDER FOR SUPPORT?

☐ YES ☐ NO

DO YOU HAVE A COPY OF THE ORDER?

☐ YES ☐ NO

ORDER NUMBER

DATE OF ORDER

COUNTY OF ORDER

STATE OF ORDER

AMOUNT OF ORDER

SUPPORT DUE

☐ MONTHLY☐ OTHER \_\_\_\_\_DATE LAST SUPPORT  
PAYMENT RECEIVED

AMOUNT RECEIVED

DO YOU EXPECT ANY  
PAYMENTS IN FUTURE?☐ YES ☐ NOLIST ALL PAYMENTS RECEIVED IN THE LAST TWELVE MONTHS STARTING WITH  
THIS MONTH:

AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT	MONTH
1. _____	_____	5. _____	_____	9. _____	_____
2. _____	_____	6. _____	_____	10. _____	_____
3. _____	_____	7. _____	_____	11. _____	_____
4. _____	_____	8. _____	_____	12. _____	_____

## 11. ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF

YOUR LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME

BIRTHDATE

SOCIAL SECURITY NUMBER

SEX

☐ MALE ☐ FEMALE

RACE

WEIGHT

LBS.

HEIGHT

FT.

INCHES

HAIR COLOR

EYE COLOR

YOUR ADDRESS--NUMBER AND STREET

APT. NO.

CITY

STATE

ZIP

YOUR TELEPHONE NUMBER

HOME:

WORK:

MESSAGE:

YOUR EMPLOYER'S NAME AND ADDRESS

MONTHLY INCOME

DRIVER'S LICENSE NUMBER

AND STATE ISSUED

HAVE YOU EVER RECEIVED WELFARE IN THIS COUNTY BEFORE? ☐ YES ☐ NOHAVE YOU EVER RECEIVED WELFARE ANYWHERE ELSE? ☐ YES ☐ NO

IF YES, NAME COUNTY AND STATE

DATES

FROM

TO

PLEASE GIVE ANY OTHER INFORMATION ABOUT YOUR CASE WHICH YOU FEEL WE  
SHOULD KNOW:

YOUR SIGNATURE

DATE

ELIGIBILITY WORKER'S SIGNATURE

EW'S NUMBER

ELIGIBILITY WORKER'S COMMENTS:

TELEPHONE NUMBER